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Bib Data Sheet

CONFIRMATION NO. 9115

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|---|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 09/901,852 | FILING DATE 07/09/2001 RULE | CLASS 600 | GROUP ART UNIT 3736 | ATTORNEY DOCKET NO. 50230/002001 | |
| APPLICANTS Michael O'Donnell, West Bloomfield, MI; ** CONTINUING DATA ***** <i>None</i> ** FOREIGN APPLICATIONS ***** <i>None</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 08/23/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>John R. [Signature]</i> Examiner's Signature Initials | | STATE OR COUNTRY MI | SHEETS DRAWING | TOTAL CLAIMS 6 | INDEPENDENT CLAIMS 2 |
| ADDRESS 21559 | | | | | |
| TITLE Behavior change tool | | | | | |
| FILING FEE RECEIVED 420 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |



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|--|---|-------------------------------|---|--|
| SERIAL NUMBER 09/901,852 | FILING DATE 07/09/2001 RULE | CLASS 434 | GROUP ART UNIT 3714 | ATTORNEY DOCKET NO. 50230/002001 |
| APPLICANTS Michael O'Donnell, West Bloomfield, MI; ** CONTINUING DATA ***** <i>JK me</i> ** FOREIGN APPLICATIONS ***** <i>JK me</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 08/23/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>Initials</i> | | STATE OR COUNTRY MI | SHEETS DRAWING 0 | TOTAL CLAIMS 6 |
| | | | | INDEPENDENT CLAIMS 2 |
| ADDRESS 21559 | | | | |
| TITLE Behavior change tool | | | | |
| FILING FEE RECEIVED 420 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |